

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS  | ID NO. | DATE                |
|---------------------------|-----------|--------|---------------------|
| FEE DETERMINATION         |           |        |                     |
| O.I.P.E. CLASSIFIER       |           |        |                     |
| FORMALITY REVIEW          | <i>SW</i> | 922    | 5/23/00<br>06/05/01 |
| RESPONSE FORMALITY REVIEW |           |        |                     |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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922-501-170

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 1/1/00